

**North Carolina 2014 Questionnaire
Behavioral Risk Factor Surveillance System**

Table of Contents

Table of Contents	1
Interviewer's Script for Landline Phone	3
Interviewer's Script for Cell Phone	6
Core Sections	9
Section 1: Health Status.....	9
Section 2: Healthy Days — Health-Related Quality of Life	9
Section 3: Health Care Access.....	10
Section 4: Exercise	11
Section 5: Inadequate Sleep	11
Section 6: Chronic Health Conditions	11
Section 7: Oral Health	13
Section 8: Demographics	14
Section 9: Tobacco Use	21
Section 10: Alcohol Consumption.....	22
Section 11: Immunization	23
Section 12: Falls	24
Section 13: Seatbelt Use.....	24
Section 14: Drinking and Driving	25
Section 15: Breast and Cervical Cancer Screening	25
Section 16: Prostate Cancer Screening.....	27
Section 17: Colorectal Cancer Screening.....	29
Section 18: HIV/AIDS.....	30
Optional Modules	32
Module 4: Health Care Access	32
Module 14: Industry and Occupation	34
Module 17: Random Child Selection	35
Module 18: Childhood Asthma Prevalence.....	38
STATE-ADDED QUESTIONS	39
NC Module 1: CHAMP Follow-up	39
NC Module 2: Adult Asthma Follow-up (asked on QstPath 11 or 21)	41
NC Module 3: Diabetes Control.....	41
NC Module 4: Disability	42
NC Module 5: Adult Insurance	43
NC Module 6: Chronic Fatigue Syndrome	44
NC Module 7: Heart Attack and Stroke (asked on QstPath 12 or 22)	44
NC Module 8: Folic Acid (asked on QstPath 12 or 22)	46
NC Module 9: East Smart Move More (asked on QstPath 12 or 22).....	46
NC Module 10: TBI.....	47
NC Module 11: Secondhand Smoke	47
NC Module 12: Other Tobacco Products (asked on QstPath 11 or 21).....	48
NC Module 13: Smoking Cessation.....	49
NC Module 14: Gambling	49
NC Module 15: Sexual Orientation	50
NC Module 16: Adverse Childhood Experience (asked on QstPath 11 or 21)	51
Closing Statement	53

Interviewer's Script for Landline Phone

HELLO, I am calling for the (health department) . My name is (name) . We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "No"

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Is this a private residence?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

Yes	[Go to state of residence]
No	[Go to college housing]

No, business phone only

If "No, business phone only".

Thank you very much but we are only interviewing persons on residential phones lines at this time.

STOP

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: "By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university."

Yes	[Go to state of residence]
No	

If "No",

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. STOP

State of Residence

Do you reside in (state) ?

Yes	[Go to <u>Cellular Phone</u>]
No	

If "No"

Thank you very much, but we are only interviewing persons who live in the state of _____ at this time. **STOP**

Cellular Phone

Is this a cellular telephone?

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services).

Read only if necessary: "By cellular (or cell) telephone we mean a telephone that is mobile and usable outside of your neighborhood."

If "Yes"

Thank you very much, but we are only interviewing by land line telephones and for private residences or college housing. **STOP**

No

CATI NOTE: IF (College Housing = Yes) continue; otherwise go to Adult Random Selection
Adult

Are you 18 years of age or older?

- | | | |
|----------|----------------------------------|-----------------------|
| 1 | Yes, respondent is male | [Go to Page 6] |
| 2 | Yes, respondent is female | [Go to Page 6] |
| 3 | No | |

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time.
STOP

Adult Random Selection

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to page 6.**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to page 6

To the correct respondent:

HELLO, I am calling for the **(health department)** . My name is **(name)** . We are gathering information about the health of **(state)** residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Interviewer's Script for Cell Phone

HELLO, I am calling for the (health department). My name is (name). We are gathering information about the health of (state) residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this a safe time to talk with you?

Yes [Go to phone]
No

If "No",

Thank you very much. We will call you back at a more convenient time. ([Set appointment if possible]) **STOP**

Phone

Is this (phone number) ?

Yes [Go to cellular phone]
No [Confirm phone number]

If "No",

Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **STOP**

Cellular Phone

Is this a cellular telephone?

READ ONLY IF NECESSARY: "By cellular telephone, we mean a telephone that is mobile and usable outside of your neighborhood."

Yes [Go to adult]
No

If "No",

Thank you very much, but we are only interviewing cell telephones at this time. **STOP**

Adult

Are you 18 years of age or older?

1	Yes, respondent is male	[Go to Private Residence]
2	Yes, respondent is female	[Go to Private Residence]
3	No	

If "No",

Thank you very much, but we are only interviewing persons aged 18 or older at this time. **STOP**

Private Residence

Do you live in a private residence?

READ ONLY IF NECESSARY: “By private residence, we mean someplace like a house or apartment.”

Yes **[Go to state of residence]**
No **[Go to college housing]**

College Housing

Do you live in college housing?

READ ONLY IF NECESSARY: “By college housing we mean dormitory, graduate student or visiting faculty housing, or other housing arrangement provided by a college or university.”

Yes **[Go to state of residence]**
No

If “No”,

Thank you very much, but we are only interviewing persons who live in a private residence or college housing at this time. **STOP**

State of Residence

Are you a resident of _____ **(state)** _____?

Yes **[Go to landline]**
No **[Go to state]**

State

In what state do you live?

_____ ENTER FIPS STATE

Landline

Do you also have a landline telephone in your home that is used to make and receive calls?

READ ONLY IF NECESSARY: “By landline telephone, we mean a “regular” telephone in your home that is used for making or receiving calls.” Please include landline phones used for both business and personal use.”

Interviewer Note: Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

Yes
No

If College Housing = “Yes”, do not ask Number of adults Questions, go to Core.

NUMADULT

How many members of your household, including yourself, are 18 years of age or older?

___ Number of adults

(Note: If college housing = "yes" then number of adults is set to 1.)

Core Sections

I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential. If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Section 1: Health Status

- 1.1 Would you say that in general your health is —? (80)
- Please read:**
- | | |
|---|-----------|
| 1 | Excellent |
| 2 | Very good |
| 3 | Good |
| 4 | Fair |
- Or**
- | | |
|---|------|
| 5 | Poor |
|---|------|
- Do not read:**
- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (81–82)
- | | | |
|---|---|-----------------------|
| — | — | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? (83–84)
- | | | |
|---|---|-----------------------|
| — | — | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |
- [If Q2.1 and Q2.2 = 88 (None), go to next section]**

- 2.3** During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? (85-86)
- | | | |
|---|---|-----------------------|
| — | — | Number of days |
| 8 | 8 | None |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused |

Section 3: Health Care Access

- 3.1** Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service? (87)

- | | | |
|---|-----------------------|--|
| 1 | Yes | [If PPHF state go to Module 4, Question 1, else continue] |
| 2 | No | |
| 7 | Don't know / Not sure | |
| 9 | Refused | |

- 3.2** Do you have one person you think of as your personal doctor or health care provider?

If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?” (88)

- | | |
|---|-----------------------|
| 1 | Yes, only one |
| 2 | More than one |
| 3 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

- 3.3** Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (89)

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

CATI Note: If PPHF State go to Module 4, Question 3, else continue

- 3.4** About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (90)

- | | |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago) |
| 2 | Within the past 2 years (1 year but less than 2 years ago) |
| 3 | Within the past 5 years (2 years but less than 5 years ago) |
| 4 | 5 or more years ago |
| 7 | Don't know / Not sure |
| 8 | Never |
| 9 | Refused |

CATI Note: If PPHF State and Q3.1 = 1 go to Module 4, Question 4a or if PPHF State and Q3.1 = 2, 7, or 9 go to Module 4, Question 4b, or if not a PPHF State go to next section.

Section 4: Exercise

- 4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (91)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 5: Inadequate Sleep

I would like to ask you about your sleep pattern.

- 5.1 On average, how many hours of sleep do you get in a 24-hour period?

INTERVIEWER NOTE: Enter hours of sleep in whole numbers, rounding 30 minutes (1/2 hour) or more up to the next whole hour and dropping 29 or fewer minutes. (92-93)

--	Number of hours [01-24]
7 7	Don't know / Not sure
9 9	Refused

Section 6: Chronic Health Conditions

Now I would like to ask you some questions about general health conditions.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure."

- 6.1 (Ever told) you that you had a heart attack also called a myocardial infarction? (94)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.2 (Ever told) you had angina or coronary heart disease? (95)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.3 (Ever told) you had a stroke? (96)
- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |
- 6.4 (Ever told) you had asthma?

- 1 Yes
 2 No [Go to Q6.6]
 7 Don't know / Not sure [Go to Q6.6]
 9 Refused [Go to Q6.6]

(97)

6.5 Do you still have asthma?

(98)

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

6.6 (Ever told) you had skin cancer?

(99)

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

6.7 (Ever told) you had any other types of cancer?

(100)

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

6.8 (Ever told) you have Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?

(101)

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

6.9 (Ever told) you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

(102)

- 1 Yes
 2 No
 7 Don't know / Not sure
 9 Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

6.10 (Ever told) you have a depressive disorder, including depression, major depression, dysthymia, or minor depression? (103)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.11 (Ever told) you have kidney disease? Do NOT include kidney stones, bladder infection or incontinence. (104)

INTERVIEWER NOTE: Incontinence is not being able to control urine flow.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6.12 (Ever told) you have diabetes? (105)

If "Yes" and respondent is female, ask: "Was this only when you were pregnant?"

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 4 No, pre-diabetes or borderline diabetes
- 7 Don't know / Not sure
- 9 Refused

CATI NOTE: If Q6.12 = 1 (Yes), go to next question. If any other response to Q6.12, go to Pre-Diabetes Optional Module (if used). Otherwise, go to next section.

6.13 How old were you when you were told you have diabetes? (106-107)

- — Code age in years [97 = 97 and older]
- 9 8 Don't know / Not sure
- 9 9 Refused

CATI NOTE: Go to Diabetes Optional Module (if used). Otherwise, go to next section.

Section 7: Oral Health

7.1 How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (108)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 5 years (2 years but less than 5 years ago)

4 5 or more years ago

Do not read:

7 Don't know / Not sure

8 Never

9 Refused

7.2

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.

(109)

1 1 to 5

2 6 or more but not all

3 All

8 None

7 Don't know / Not sure

9 Refused

Section 8: Demographics

8.1

What is your age?

(110-111)

— — Code age in years

0 7 Don't know / Not sure

0 9 Refused

8.2 Are you Hispanic, Latino/a, or Spanish origin? (112-115)

If yes, ask: Are you...

Interviewer Note: One or more categories may be selected.

- 1 Mexican, Mexican American, Chicano/a
- 2 Puerto Rican
- 3 Cuban
- 4 Another Hispanic, Latino/a, or Spanish origin

Do not read:

- 5 No
- 7 Don't know / Not sure
- 9 Refused

8.3 Which one or more of the following would you say is your race? (116-143)

Interviewer Note: Select all that apply.

Interviewer Note: 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

Please read:

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

- 50 Pacific Islander**

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

CATI note: If more than one response to Q8.3; continue. Otherwise, go to Q8.5.

8.4 Which one of these groups would you say best represents your race?

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategory underneath major heading.

(144-145)

10 White
20 Black or African American
30 American Indian or Alaska Native
40 Asian

41 Asian Indian
42 Chinese
43 Filipino
44 Japanese
45 Korean
46 Vietnamese
47 Other Asian

50 Pacific Islander

51 Native Hawaiian
52 Guamanian or Chamorro
53 Samoan
54 Other Pacific Islander

Do not read:

60 Other
88 No additional choices
77 Don't know / Not sure
99 Refused

8.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?

INTERVIEWER NOTE: Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.

(146)

1 Yes
2 No

Do not read:

7 Don't know / Not sure
9 Refused

8.6 Are you...?

(147)

Please read:

1 Married
2 Divorced
3 Widowed
4 Separated

5 Never married

Or

6 A member of an unmarried couple

Do not read:

9 Refused

8.7 How many children less than 18 years of age live in your household?

(148-149)

— — Number of children

8 8 None

9 9 Refused

8.8 What is the highest grade or year of school you completed?

(150)

Read only if necessary:

1 Never attended school or only attended kindergarten

2 Grades 1 through 8 (Elementary)

3 Grades 9 through 11 (Some high school)

4 Grade 12 or GED (High school graduate)

5 College 1 year to 3 years (Some college or technical school)

6 College 4 years or more (College graduate)

Do not read:

9 Refused

8.9 Are you currently...?

(151)

Please read:

1 Employed for wages

2 Self-employed

3 Out of work for 1 year or more

4 Out of work for less than 1 year

5 A Homemaker

6 A Student

7 Retired

Or

8 Unable to work

Do not read:

9 Refused

CATI NOTE: If Q8.9 = 1 (Yes), 2 (Self-employed), or 4 (Out of work for less than 1 year) go to Industry and Occupation Optional Module. Otherwise, go to next question.

8.10 Is your annual household income from all sources— (152-153)

If respondent refuses at ANY income level, code '99' (Refused)

Read only if necessary:

- 0 4 Less than \$25,000 If "no," ask 05; if "yes," ask 03
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 If "no," code 04; if "yes," ask 02
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 If "no," code 03; if "yes," ask 01
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 If "no," code 02
- 0 5 Less than \$35,000 If "no," ask 06
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 If "no," ask 07
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 If "no," code 08
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

- 7 7 Don't know / Not sure
- 9 9 Refused

8.11 About how much do you weigh without shoes? (154-157)

NOTE: If respondent answers in metrics, put "9" in column 154.

Round fractions up

— — — — Weight
(pounds/kilograms)

7 7 7 7 Don't know / Not sure

9 9 9 9 Refused

8.12 About how tall are you without shoes? (158-161)

NOTE: If respondent answers in metrics, put "9" in column 158.

Round fractions down

— — / — — Height
(ft / inches/meters/centimeters)

7 7 / 7 7 Don't know / Not sure

9 9 / 9 9 Refused

8.13 What county do you live in? (162-164)

_ _ _ ANSI County Code (formerly FIPS county code)
 7 7 7 Don't know / Not sure
 9 9 9 Refused

8.14 What is the ZIP Code where you live? (165-169)

_ _ _ _ ZIP Code
 7 7 7 7 Don't know / Not sure
 9 9 9 9 Refused

8.15 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. (170)

1 Yes
 2 No [Go to Q8.17]
 7 Don't know / Not sure [Go to Q8.17]
 9 Refused [Go to Q8.17]

8.16 How many of these telephone numbers are residential numbers? (171)

_ Residential telephone numbers [6 = 6 or more]
 7 Don't know / Not sure
 9 Refused

8.17 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. (172)

1 Yes [Go to Q8.19]
 2 No [Go to Q8.19]
 7 Don't know / Not sure [Go to Q8.19]
 9 Refused [Go to Q8.19]

8.18 Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone? (173-175)

_ _ _ Enter percent (1 to 100)
 8 8 8 Zero
 7 7 7 Don't know / Not sure
 9 9 9 Refused

8.19 Have you used the internet in the past 30 days? (176)

1 Yes
 2 No
 7 Don't know/Not sure
 9 Refused

8.20 Do you own or rent your home? (177)

1 Own

- 2 Rent
- 3 Other arrangement
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

INTERVIEWER NOTE: We ask this question in order to compare health indicators among people with different housing situations.

- 8.21** Indicate sex of respondent. **Ask only if necessary.** (178)
- 1 Male **[Go to Q8.23]**
 - 2 Female **[If respondent is 45 years old or older, go to Q8.23]**

- 8.22** To your knowledge, are you now pregnant? (179)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

The following questions are about health problems or impairments you may have.

- 8.23** Are you limited in any way in any activities because of physical, mental, or emotional problems? (180)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 8.24** Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? (181)

NOTE: Include occasional use or use in certain circumstances.

- 1 Yes
- 2 No
- 7 Don't know / Not Sure
- 9 Refused

- 8.25** Are you blind or do you have serious difficulty seeing, even when wearing glasses? (182)
- 1 Yes
 - 2 No
 - 7 Don't know / Not Sure
 - 9 Refused

- 8.26** Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (183)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.27 Do you have serious difficulty walking or climbing stairs? (184)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.28 Do you have difficulty dressing or bathing? (185)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8.29 Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (186)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 9: Tobacco Use

9.1 Have you smoked at least 100 cigarettes in your entire life? (187)

NOTE: 5 packs = 100 cigarettes

- 1 Yes
- 2 No [Go to Q9.5]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

INTERVIEWER NOTE: "For cigarettes, do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs), or marijuana."

9.2 Do you now smoke cigarettes every day, some days, or not at all? (188)

- 1 Every day
- 2 Some days
- 3 Not at all [Go to Q9.4]
- 7 Don't know / Not sure [Go to Q9.5]
- 9 Refused [Go to Q9.5]

9.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (189)

- 1 Yes [Go to Q9.5]

- | | | |
|---|-----------------------|--------------|
| 2 | No | [Go to Q9.5] |
| 7 | Don't know / Not sure | [Go to Q9.5] |
| 9 | Refused | [Go to Q9.5] |

9.4 How long has it been since you last smoked a cigarette, even one or two puffs? (190-191)

- | | |
|-----|--|
| 0 1 | Within the past month (less than 1 month ago) |
| 0 2 | Within the past 3 months (1 month but less than 3 months ago) |
| 0 3 | Within the past 6 months (3 months but less than 6 months ago) |
| 0 4 | Within the past year (6 months but less than 1 year ago) |
| 0 5 | Within the past 5 years (1 year but less than 5 years ago) |
| 0 6 | Within the past 10 years (5 years but less than 10 years ago) |
| 0 7 | 10 years or more |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

9.5 Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

Snus (rhymes with 'goose')

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum. (192)

- | | |
|---|------------|
| 1 | Every day |
| 2 | Some days |
| 3 | Not at all |

Do not read:

- | | |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused |

Section 10: Alcohol Consumption

10.1 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? (193-195)

- | | | |
|-------|---------------------------|----------------------|
| 1 _ _ | Days per week | |
| 2 _ _ | Days in past 30 days | |
| 8 8 8 | No drinks in past 30 days | [Go to next section] |
| 7 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 9 | Refused | [Go to next section] |

10.2 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

(196-197)

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

- | | |
|-----|-----------------------|
| _ _ | Number of drinks |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have **X** [**CATI X = 5 for men, X = 4 for women**] or more drinks on an occasion?
(198-199)

__ __ Number of times
8 8 None
7 7 Don't know / Not sure
9 9 Refused

10.4 During the past 30 days, what is the largest number of drinks you had on any occasion?
(200-201)

__ __ Number of drinks
7 7 Don't know / Not sure
9 9 Refused

Section 11: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

11.1 During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?
(202)

READ IF NECESSARY:

A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot.

1 Yes
2 No [Go to Q11.3]
7 Don't know / Not sure [Go to Q11.3]
9 Refused [Go to Q11.3]

11.2 During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose?
(203-208)

__ __ / __ __ Month / Year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused

11.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
(209)

1 Yes
2 No
7 Don't know / Not sure
9 Refused

CATI NOTE: If respondent is ≤ 49 years of age, go to next section.

The next question is about the Shingles vaccine.

11.4 Have you ever had the shingles or zoster vaccine?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

INTERVIEWER NOTE (Read if necessary): Shingles is caused by the chicken pox virus. It is an outbreak of rash or blisters on the skin that may be associated with severe pain. A vaccine for shingles has been available since May 2006; it is called Zostavax[®], the zoster vaccine, or the shingles vaccine.

Section 12: Falls

CATI NOTE: If respondent is 45 years or older continue, otherwise go to next section.

Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level.

- 12.1** In the past 12 months, how many times have you fallen? (211-212)
- | | | |
|-----|-----------------------|-----------------------------|
| — — | Number of times | [76 = 76 or more] |
| 8 8 | None | [Go to next section] |
| 7 7 | Don't know / Not sure | [Go to next section] |
| 9 9 | Refused | [Go to next section] |

- 12.2** **[Fill in “Did this fall (from Q12.1) cause an injury?”]. If only one fall from Q12.1 and response is “Yes” (caused an injury); code 01. If response is “No,” code 88.**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

(213-214)

- | | | |
|-----|-----------------------|--------------------------|
| — — | Number of falls | [76 = 76 or more] |
| 8 8 | None | |
| 7 7 | Don't know / Not sure | |
| 9 9 | Refused | |

Section 13: Seatbelt Use

- 13.1** How often do you use seat belts when you drive or ride in a car? Would you say— (215)

Please read:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never

Do not read:

- 7 Don't know / Not sure

- 8 Never drive or ride in a car
- 9 Refused

CATI note: If Q13.1 = 8 (Never drive or ride in a car), go to Section 15; otherwise continue.

Section 14: Drinking and Driving

CATI note: If Q10.1 = 888 (No drinks in the past 30 days); go to next section.

The next question is about drinking and driving.

- 14.1** During the past 30 days, how many times have you driven when you've had perhaps too much to drink? (216-217)
- — Number of times
 - 8 8 None
 - 7 7 Don't know / Not sure
 - 9 9 Refused

Section 15: Breast and Cervical Cancer Screening

CATI note: If respondent is male, go to the next section.

The next questions are about breast and cervical cancer.

- 15.1** A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (218)
- 1 Yes
 - 2 No [Go to Q15.3]
 - 7 Don't know / Not sure [Go to Q15.3]
 - 9 Refused [Go to Q15.3]
- 15.2** How long has it been since you had your last mammogram? (219)
- Read only if necessary:**
- 1 Within the past year (anytime less than 12 months ago)
 - 2 Within the past 2 years (1 year but less than 2 years ago)
 - 3 Within the past 3 years (2 years but less than 3 years ago)
 - 4 Within the past 5 years (3 years but less than 5 years ago)
 - 5 5 or more years ago
- Do not read:**
- 7 Don't know / Not sure
 - 9 Refused
- 15.3** A clinical breast exam is when a doctor, nurse, or other health professional feels the breasts for lumps. Have you ever had a clinical breast exam? (220)

- | | | |
|---|-----------------------|----------------------|
| 1 | Yes | |
| 2 | No | [Go to Q15.5] |
| 7 | Don't know / Not sure | [Go to Q15.5] |
| 9 | Refused | [Go to Q15.5] |

15.4 How long has it been since your last breast exam? (221)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

15.5 A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (222)

- 1 Yes
- 2 No [Go to Q15.7]
- 7 Don't know / Not sure [Go to Q15.7]
- 9 Refused [Go to Q15.7]

15.6 How long has it been since you had your last Pap test? (223)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

CATI note: If response to Core Q8.22 = 1 (is pregnant); then go to next section.

15.7 Have you had a hysterectomy? (224)

Read only if necessary: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 16: Prostate Cancer Screening

CATI note: If respondent is ≤ 39 years of age, or is female, go to next section.

Now, I will ask you some questions about prostate cancer screening.

16.1 A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Has a doctor, nurse, or other health professional EVER talked with you about the advantages of the PSA test? (225)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

16.2 Has a doctor, nurse, or other health professional EVER talked with you about the disadvantages of the PSA test? (226)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

16.3 Has a doctor, nurse, or other health professional EVER recommended that you have a PSA test? (227)

- 1 Yes
- 2 No
- 7 Don't Know / Not sure
- 9 Refused

16.4. Have you EVER HAD a PSA test? (228)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't Know / Not sure [Go to next section]
- 9 Refused [Go to next section]

16.5. How long has it been since you had your last PSA test? (229)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years)
- 3 Within the past 3 years (2 years but less than 3 years)
- 4 Within the past 5 years (3 years but less than 5 years)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

16.6. What was the MAIN reason you had this PSA test – was it ...? (230)

Please read:

- 1 Part of a routine exam
- 2 Because of a prostate problem
- 3 Because of a family history of prostate cancer

- 4 Because you were told you had prostate cancer
- 5 Some other reason

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 17: Colorectal Cancer Screening

CATI note: If respondent is ≤ 49 years of age, go to next section.

The next questions are about colorectal cancer screening.

- 17.1** A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit? (231)

- 1 Yes
- 2 No [Go to Q17.3]
- 7 Don't know / Not sure [Go to Q17.3]
- 9 Refused [Go to Q17.3]

- 17.2** How long has it been since you had your last blood stool test using a home kit? (232)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 5 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

- 17.3** Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? (233)

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

- 17.4** For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? (234)

- 1 Sigmoidoscopy
- 2 Colonoscopy
- 7 Don't know / Not sure

9 Refused

17.5 How long has it been since you had your last sigmoidoscopy or colonoscopy? (235)

Read only if necessary:

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less than 5 years ago)
- 5 Within the past 10 years (5 years but less than 10 years ago)
- 6 10 or more years ago

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Section 18: HIV/AIDS

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. (236)

- 1 Yes
- 2 No [Go to optional module transition]
- 7 Don't know / Not sure [Go to optional module transition]
- 9 Refused [Go to optional module transition]

18.2 Not including blood donations, in what month and year was your last HIV test? (237-242)

NOTE: If response is before January 1985, code "Don't know."

CATI INSTRUCTION: If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.

__ / __ __ __ __ Code month and year
7 7 / 7 7 7 7 Don't know / Not sure
9 9 / 9 9 9 9 Refused / Not sure

18.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at an emergency room, as an inpatient in a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? (243-244)

- 0 1 Private doctor or HMO office
- 0 2 Counseling and testing site
- 0 9 Emergency room
- 0 3 Hospital inpatient
- 0 4 Clinic
- 0 5 Jail or prison (or other correctional facility)
- 0 6 Drug treatment facility
- 0 7 At home

0 8	Somewhere else
7 7	Don't know / Not sure
9 9	Refused

Transition to Modules and/or State-Added Questions

Please read:

Finally, I have just a few questions left about some other health topics.

Optional Modules

Module 4: Health Care Access

1. Do you have Medicare? (281)
- 1 Yes
 - 2 No
 - 7 Don't know/Not sure
 - 9 Refused

Note: Medicare is a coverage plan for people age 65 or over and for certain disabled people.

2. What is the primary source of your health care coverage? Is it... (282-283)

Please Read

- 01 A plan purchased through an employer or union **[includes plans purchased through another person's employer]**
- 02 A plan that you or another family member buys on your own
- 03 Medicare
- 04 Medicaid or other state program
- 05 TRICARE (formerly CHAMPUS), VA, or Military
- 06 Alaska Native, Indian Health Service, Tribal Health Services
- Or
- 07 Some other source
- 08 None (no coverage)

Do not read:

- 77 Don't know/Not sure
- 99 Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace, ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 02, if Medicaid select 04.

CATI NOTE: If PPHF State, go to Core Q3.2.

3. Other than cost, there are many other reasons people delay getting needed medical care.

Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (284)

Please read

- 1 You couldn't get through on the telephone.
- 2 You couldn't get an appointment soon enough.
- 3 Once you got there, you had to wait too long to see the doctor.
- 4 The (clinic/doctor's) office wasn't open when you got there.
- 5 You didn't have transportation.

Do not read:

- 6 Other _____ (specify) (285-309)
- 8 No, I did not delay getting medical care/did not need medical care
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: If PPHF State, go to Core Q3.4.

CATI NOTE: If Q3.1 = 1 (Yes) continue, else go to Q4b.

- 4a. In the PAST 12 MONTHS was there any time when you did NOT have ANY health insurance or coverage? (310)
- 1 Yes [Go to Q5]
- 2 No [Go to Q5]
- 7 Don't know/Not sure [Go to Q5]
- 9 Refused [Go to Q5]

CATI Note: If Q3.1 = 2, 7, or 9 continue, else go to next question (Q5).

- 4b. About how long has it been since you last had health care coverage? (311)
- 1 6 months or less
- 2 More than 6 months, but not more than 1 year ago
- 3 More than 1 year, but not more than 3 years ago
- 4 More than 3 years
- 5 Never
- 7 Don't know/Not sure
- 9 Refused
5. How many times have you been to a doctor, nurse, or other health professional in the past 12 months? (312-313)
- Number of times
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused
6. Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication. (314)
- 1 Yes
- 2 No

Do not read:

- 3 No medication was prescribed.
- 7 Don't know/Not sure
- 9 Refused

7. In general, how satisfied are you with the health care you received? Would you say—

Please read: (315)

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Not at all satisfied

Do not read:

- 8 Not applicable
- 7 Don't know/Not sure
- 9 Refused

8. Do you currently have any health care bills that are being paid off over time? (316)

INTERVIEWER NOTE:

This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.

INTERVIEWER NOTE: Health care bills can include medical, dental, physical therapy and/or chiropractic cost.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

CATI NOTE: If PPHF state, Go to Core Section 4.

Module 14: Industry and Occupation

If Core Q8.9 = 1 or 4 (Employed for wages or out of work for less than 1 year) or 2 (Self-employed), continue else go to next module.

Now I am going to ask you about your work.

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,

1. What kind of work do you do? (for example, registered nurse, janitor, cashier, auto mechanic) (373-472)

INTERVIEWER NOTE: If respondent is unclear, ask "What is your job title?"

INTERVIEWER NOTE: If respondent has more than one job then ask, "What is your main job?"

[Record answer] _____
99 Refused

Or

If Core Q8.9 = 4 (Out of work for less than 1 year) ask,

What kind of work did you do? (for example, registered nurse, janitor, cashier, auto mechanic)

INTERVIEWER NOTE: If respondent is unclear, ask “What was your job title?”

INTERVIEWER NOTE: If respondent had more than one job then ask, “What was your main job?”

[Record answer] _____
99 Refused

If Core Q8.9 = 1 (Employed for wages) or 2 (Self-employed) ask,

2. What kind of business or industry do you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant) (473-572)

[Record answer] _____
99 Refused

Or

If Core Q8.9 = 4 (Out of work for less than 1 year) ask,

What kind of business or industry did you work in? (for example, hospital, elementary school, clothing manufacturing, restaurant)

[Record answer] _____
99 Refused

CATI NOTE: Go to Q8.10

Module 17: Random Child Selection

CATI note: If Core Q8.7 = 88, or 99 (No children under age 18 in the household, or Refused), go to next module.

If Core Q8.7 = 1, Interviewer please read: “Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child.” **[Go to Q1]**

If Core Q8.7 is >1 and Core Q8.7 does not equal 88 or 99, Interviewer please read: “Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.”

CATI INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the “Xth” child. Please substitute “Xth” child’s number in all questions below.

INTERVIEWER PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the “Xth” [CATI: please fill in correct number] child in your household. All following questions about children will be about the “Xth” [CATI: please fill in] child.

1. What is the birth month and year of the “Xth” child? (584-589)

— / — — —	Code month and year
7 7 / 7 7 7 7	Don't know / Not sure
9 9 / 9 9 9 9	Refused

CATI INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is ≥ 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl? (590)

1	Boy
2	Girl
9	Refused

3. Is the child Hispanic, Latino/a, or Spanish origin? (591-594)

If yes, ask: Are they...

Interviewer Note: *One or more categories may be selected.*

1	Mexican, Mexican American, Chicano/a
2	Puerto Rican
3	Cuban
4	Another Hispanic, Latino/a, or Spanish origin

Do not read:

5	No
7	Don't know / Not sure
9	Refused

4. Which one or more of the following would you say is the race of the child? (595-622)
- (Select all that apply)

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

10	White
20	Black or African American
30	American Indian or Alaska Native
40	Asian
41	Asian Indian

- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

5. Which one of these groups would you say best represents the child's race? (623-624)

Interviewer Note: If 40 (Asian) or 50 (Pacific Islander) is selected read and code subcategories underneath major heading.

- 10 White**
- 20 Black or African American**
- 30 American Indian or Alaska Native**
- 40 Asian**

- 41 Asian Indian
- 42 Chinese
- 43 Filipino
- 44 Japanese
- 45 Korean
- 46 Vietnamese
- 47 Other Asian

50 Pacific Islander

- 51 Native Hawaiian
- 52 Guamanian or Chamorro
- 53 Samoan
- 54 Other Pacific Islander

Do not read:

- 60 Other
- 88 No additional choices
- 77 Don't know / Not sure
- 99 Refused

6. How are you related to the child? (625)

Please read:

- 1 Parent (include biologic, step, or adoptive parent)
- 2 Grandparent
- 3 Foster parent or guardian
- 4 Sibling (include biologic, step, and adoptive sibling)
- 5 Other relative
- 6 Not related in any way

Do not read:

- 7 Don't know / Not sure
- 9 Refused

Module 18: Childhood Asthma Prevalence

CATI note: If response to Core Q8.7 = 88 (None) or 99 (Refused), go to next module.

The next two questions are about the "Xth" **[CATI: please fill in correct number]** child.

- 1.** Has a doctor, nurse or other health professional EVER said that the child has asthma? (626)
- 1 Yes
 - 2 No **[Go to next module]**
 - 7 Don't know / Not sure **[Go to next module]**
 - 9 Refused **[Go to next module]**
- 2.** Does the child still have asthma? (627)
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused

STATE-ADDED QUESTIONS

NC Module 1: CHAMP Follow-up

CATI: if (C08Q07=88 or C08Q07=99) **go to next NC module** (No children in household)

CATI: if (QSTPATH=11 or QSTPATH=21) and (C06Q04=1) **go to next NC module** (ACBS)

CATI: if (QSTPATH=11 or QSTPATH=12) **go to NC01Q01** (landline)

CATI: if (QSTPATH=21 or QSTPATH=22) and (M17Q06=1) **go to NC01Q01** (cell phone parent)

CATI: if (QSTPATH=21 or QSTPATH=22) **go to NC01Q01a** (other cell phone respondent)

Please read

"We are conducting a study to learn more about the health of children in North Carolina. The information we collect will help us improve child health services in our state. We would like to call you back within the next two weeks to ask some additional questions about this child." **If needed** say, "the one we've just been talking about."

1a. Are you well-informed about the child's health and able to answer questions about the health and health practices of this child?

- 1 Yes
- 2 No (or don't know) **[Go to NC01Q07]**

1. All of the information we collect will be kept confidential. Would this be OK with you?

- 1 Yes **[If (QSTPATH=11 or QSTPATH=12), go to NC01Q02;
If (QSTPATH=21 or QSTPATH=22) go to NC01Q03a]**
- 2 No **[go to next NC Module]**

2. Are YOU the person in the household who knows the most about the health and health practices of this child?

- 1 Yes
- 2 No (or don't know) **[Go to NC01Q03b]**

3a. **If M17Q06=1, ask:** Are you this child's biological, step, adoptive or foster parent?

- 1 Biological Parent
- 2 Step Parent
- 3 Adoptive Parent
- 4 Foster Parent
- 7 Don't know
- 9 Refused

CATI: If (QSTPATH=21 or QSTPATH=22) or NC01Q02=1 **go to NC01Q04**

CATI note2: numeric answer for NC01Q03b needs to be UDF field "vNC01Q03b" for CHAMP14

- 3b. Who would that person be in your household (the person who knows most about the health of the child)?

INTERVIEWER: IF respondent says “Mother” or “Father” PROBE: ‘Would this be his/her biological (real) mother/father?’

- 1 Biological Mother
- 2 Step Mother
- 3 Adoptive Mother
- 4 Foster Mother
- 5 Biological Father
- 6 Step Father
- 7 Adoptive Father
- 8 Foster Father
- 9 Grandmother
- 10 Grandfather
- 11 Aunt
- 12 Uncle
- 13 Sister (of any type)
- 14 Brother (of any type)
- 15 Female Guardian
- 16 Male Guardian
- 17 Other relative
- 18 Mother Type Unknown
- 19 Father Type Unknown
- 20 Other relationship

- 77 Don't know
- 99 Refused

4. Just to make sure that we are talking about the same child when we call you back, please tell me the first name of this child or his/her initials.

_____ Child's name

If Parent refuses name, just ask for a **nick name or initials**.

CATI Note: Create NC01Q05 as UDF for export to CHAMP

5. **If landline, ask:** When would be the best time to call your household?

If cell phone, ask: When would be the best time to call you back?

Would you say -

- 1 Daytime
- 2 Evenings
- 3 Weekends

Do not read

- 7 Don't know/not sure
- 9 Refused

CATI: IF NC01Q02 = 1 (BRFSS respondent also CHAMP respondent) or NC01Q03b > 14 then show:

6. **INT_Script1:** “In our follow-up survey, we will be asking about the CHILD’S HEIGHT AND WEIGHT. In the next few days, please be sure to measure the child’s height with the child’s shoes off and with

{his/her} back to the wall and weigh {him/her} on a scale with {his/her} shoes off. Thank you for your willingness to participate. The rest of this survey should only take a few more minutes."

ELSE IF NC01Q03b ≤14 then show:

INT_Script2: "Please be sure to tell (CHILD)'s
[CATI fill NC01Q3b [see CHAMP vRelate code]:_____] }
that we will be calling in the next two weeks. Also, please be sure that (CHILD)'s height is measured with {his/her} shoes off and back against the wall and weighed on a scale with {his/her} shoes off. We will be asking for (CHILD)'s height and weight in our follow-up survey.
The rest of this survey should only take a few more minutes.

7. Thank you very much, but we are only interested in speaking with the person who knows most about the health of the child. The rest of this survey should only take a few more minutes.

NC Module 2: Adult Asthma Follow-up (asked on QstPath 11 or 21)

CATI: If (QSTPATH=12 or QSTPATH=22) Go to next NC module.

CATI: If (C06Q04 ≥ 2) Go to next NC module (No asthma)

Please read

"Previously you said you were told by a doctor that you had asthma. We are conducting a study to learn more about the health of adults who have ever had asthma. The information we collect will help develop and improve asthma programs in North Carolina. We would like to call you back within two weeks to ask some additional questions about your asthma. Even if you agree now, you may refuse to participate in the future. Would it be okay if we called you back to ask some additional asthma-related questions?"

(CATI NOTE: create UDF fields for Q1 and Q2 for use in Asthma Call-back Study)

1 (AdltPerm). Okay to call back?

- 1 Yes
2 No **[Go to next NC module]**

2. (FName) To make sure we know who to talk to when we call you back, please tell me your first name or initials.

_____ Respondent's name
If Respondent refuses name, just ask for a **nick name or initials**.

3. (CB) What is a good time to call you back?

Would you say Daytime, Evenings or Weekends?

NOTE: If respondent says no best time to call then select 2 for evenings.

- 1 Daytime
2 Evenings
3 Weekends

7 DON'T KNOW / NOT SURE
9 REFUSED

NC Module 3: Diabetes Control

CATI: if (C06Q12 ≠ 1) go to next NC Module (No diabetes)

We have a few more questions about diabetes.

1. Urine tests for protein (microalbuminuria test) check if your kidneys are working properly. When was the last time that you received a urine test for protein?

Read only if necessary

- 1 Within the last 12 months
 - 2 Within the past two years (1 year but less than two years ago)
 - 3 Two or more years
 - 8 Never 7 Don Know/Not sure
 - 9 Refused
2. Has a doctor ever told you that diabetes has affected your kidneys?
- 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. During the past 12 months, was there any time that you did not have testing supplies (strips, lancets, meter) or diabetes medicine due to lack of money?
- 1 Yes, only testing supplies
 - 2 Yes, only medicines
 - 3 Yes, testing supplies and medicines
 - 4 No
 - 7 Don't know/Not sure
 - 9 Refused

NC Module 4: Disability

1. A disability can be physical, mental, emotional, or communication related. Do you consider yourself to have a disability?

If YES, ask: "Would you say your disability is mild, moderate, or severe"?

- 1 Yes, mild
- 2 Yes, moderate
- 3 Yes, severe
- 4 No **[Go to next NC Module]**

Do not read

- 7 Don't know/Not sure **[Go to next NC Module]**
- 9 Refused **[Go to next NC Module]**

2. Has your disability lasted or is it expected to last 12 months or longer?

- 1 Yes
- 2 No
- 7 Don't know/Not sure

NC Module 5: Adult Insurance

CATI: if (C03Q01 > 1) go to next NC Module (No health care coverage)

CATI: if (M04Q02 > 2) go to NC05Q03 (R does not have purchased insurance)

These next questions are about health insurance coverage.

1. Earlier you told us that you purchased health coverage from your employer or on your own. Is that plan ...

INTERVIEWER NOTES: The State Employee Health Plan is also called the “North Carolina Teacher’s and Employee Health Plan (This is not Blue Cross and Blue Shield).

Please Read:

- 01 The State Employee Health Plan
- 02 Blue Cross Blue Shield of North Carolina
- 03 Some other health insurance plan

Do not read:

- 10 No health plan of any kind
- 77 Don't know/Not sure
- 99 Refused

CATI: If NC05Q1 ≠ 2 Go to NC05Q03 (Coverage not BC/BS of North Carolina)

2. What type of NC Blue Cross/Blue Shield coverage do you have?

INTERVIEWER: If more than one type, ask “Which type do you use to pay for most of your medical care.”

Read 1-7 if necessary:

- 01 Blue Care – an HMO (health maintenance organization)
- 02 Blue Value – a POS (point of service plans)
- 03 Blue Options – a PPO (preferred provider organization)
- 04 Blue Advantage – purchased directly for self or family
- 05 Federal Employee Health Plan – PPO plan through federal employment
- 06 Other Blue Cross coverage
- 07 The State Employee Health Plan

Do not read:

- 77 Don't know/Not sure
- 99 Refused

3. When selecting a health care practitioner do you prefer to see someone from your own race or ethnic group?

- 1 Yes
- 2 No

- 3 Does not matter to me
- 7 Don't know / Not sure
- 9 Refused

NC Module 6: Chronic Fatigue Syndrome

1. Have you ever been told by a doctor or other health professional that you had Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)?
 - 1 YES
 - 2 NO (**Go to next NC module**)
 - 7 Don't Know/Not Sure (**Go to next NC module**)
 - 9 Refused (**Go to next NC module**)
2. Do you still have Chronic Fatigue Syndrome (CFS) or Myalgic Encephalomyelitis (ME)?
 - 1 YES
 - 2 NO
 - 7 Don't Know/Not Sure
 - 9 Refused

NC Module 7: Heart Attack and Stroke (asked on QstPath 12 or 22)

CATI: If (QSTPATH=11 or QSTPATH=21) Go to next NC module.

Now I would like to ask you about your knowledge of the signs and symptoms of a heart attack and stroke. Which of the following do you think is a symptom of a heart attack? For each, tell me "yes," "no," or you're "not sure."

- 1 (Do you think) pain or discomfort in the jaw, neck, or back (are symptoms of a heart attack?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. (Do you think) feeling weak, lightheaded, or faint (are symptoms of a heart attack?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. (Do you think) chest pain or discomfort (are symptoms of a heart attack?)
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
4. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5. (Do you think) pain or discomfort in the arms or shoulder (are symptoms of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

6. (Do you think) shortness of breath (is a symptom of a heart attack?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Which of the following do you think is a symptom of a stroke? For each, tell me "yes," "no," or you're "not sure."

7. (Do you think) sudden confusion or trouble speaking (are symptoms of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

8. (Do you think) sudden numbness or weakness of face, arm, or leg, especially on one side, (are symptoms of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

9. (Do you think) sudden trouble seeing in one or both eyes (is a symptom of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

10. (Do you think) sudden chest pain or discomfort (are symptoms of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

11. (Do you think) sudden trouble walking, dizziness, or loss of balance (are symptoms of a stroke?)

- 1 Yes
- 2 No

- 7 Don't know / Not sure
- 9 Refused

12. (Do you think) severe headache with no known cause (is a symptom of a stroke?)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

13. If you thought someone was having a heart attack or a stroke, what is the first thing you would do?

Please read:

- 1 Take them to the hospital
- 2 Tell them to call their doctor
- 3 Call 911
- 4 Call their spouse or a family member or
- 5 Do something else

Do not read:

- 7 Don't know / Not sure
- 9 Refused

NC Module 8: Folic Acid (asked on QstPath 12 or 22)

CATI: If (QSTPATH=11 or QSTPATH=21) Go to next NC module.

Now I want to ask you a question about multivitamins.

1a. How often do you now take a multivitamin?

INTERVIEWER: If SR says they take a vitamin or supplement that is not a multivitamin ask "Do any of the vitamins or supplements you take contain folic acid?" If the response is "Yes" ask "How often do you take a supplement containing folic acid?"

___ Enter Value
888 Never
777 Don't know / Not sure
999 Refused

1b. MARK PERIOD

1 DAY
2 WEEK
3 MONTH

NC Module 9: Eat Smart Move More (asked on QstPath 12 or 22)

CATI: If (QSTPATH=11 or QSTPATH=21) Go to next NC module.

1. Have you heard of "Eat Smart, Move More North Carolina?"

(Note: Eat Smart, Move More North Carolina is a statewide initiative [program] that promotes increased opportunities for healthy eating and physical activity in local communities.)

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

NC Module 10: TBI

A brain injury can result from a blow or jolt to the head caused by a fall, a motor vehicle accident, a sports injury, or an assault. A brain injury can also occur from a health problem like a tumor or a stroke."

1. Have you ever had a brain injury that limited you in any way for more than a week in any activities?

- 1 Yes
- 2 No **[Go to next NC module]**
- 7 Don't know / Not sure **[Go to next NC module]**
- 9 Refused **[Go to next NC module]**

2. What was the cause of the brain injury?

Do not read

- 0 1 Assault (violence inflicted by others, including a gunshot)
- 0 2 Bicycle crash
- 0 3 Equestrian (riding horse) accident
- 0 4 Fall
- 0 5 Motorcycle crash (including scooters)
- 0 6 Motor vehicle crash (car, truck)
- 0 7 Construction/farm vehicle accident (backhoe, tractor)
- 0 8 Recreational vehicle crash (ATV, snowmobile)
- 0 9 Sports-related event
- 1 0 Health problem (tumor, stroke, aneurism)
- 1 1 Lack of oxygen to the brain (near drowning, drug overdose, heart attack/failure, electrical shock)
- 1 2 Other cause or multiple causes
- 7 7 Don't know / Not sure
- 9 9 Refused

NC Module 11: Secondhand Smoke

The next questions are about exposure to secondhand smoke.

CATI: If (C08Q09 > 2) Go to NC11Q02 (R not employed or Self-employed)

1. On how many of the past 7 days, did someone smoke in your indoor workplace while you were there?

- — Number of days (1-7 days)
- 5 5 Did not work in the past 7 days
- 6 6 I do not work indoors most of the time
- 8 8 None

Do not read:

7 7 Don't know / Not sure
9 9 Refused

2. On how many of the past 7 days, did anyone smoke in your home while you were there?

— — Number of days (1-7 days)
5 5 I was not at home in the past 7 days
8 8 None

Do not read:

7 7 Don't know / Not sure
9 9 Refused

3. Do you currently live in a ...

Read 1--4:

1. Detached single family home (does not share an interior wall)
2. Apartment, condominium, or townhome sharing a wall with another unit
3. A dorm, fraternity/sorority house, or
4. Other type of housing

Do not read:

7. DON'T KNOW/NOT SURE
9. REFUSED

4. On how many of the past 7 days, did you smell tobacco smoke from someone else's cigarette, cigar, or pipe drifting into your home from nearby apartments or from outside?

— — Number of days (1-7 days)
5 5 I was not at home in the past 7 days
8 8 None

Do not read:

7 7 Don't know / Not sure
9 9 Refused

NC Module 12: Other Tobacco Products (asked on QstPath 11 or 21)

CATI: If (QSTPATH=12 or QSTPATH=22) Go to next NC module.

1. In the past 30 days, which of the following products have you used on **at least one day**?

[NOTE: Mark all that apply.]

Please Read:

01. Roll-you-own cigarettes
02. Flavored cigarettes, such as Camel Crush
03. Clove cigars

- 04. Flavored little cigars
- 05. Smoking tobacco from a hookah or a waterpipe
- 06. Snus, such as Camel or Marlboro Snus
- 07. Dissolvable tobacco products, such as Ariva, Stonewall, Camel orbs, Camel sticks, or Camel strips
- 08. Electronic cigarettes or E-cigarettes, such as Ruyan or NJOY
- 09. Other new tobacco products not mentioned above

Do not read

- 10. Have not used any of the products listed above or any new tobacco product.
- 77. Don't know/Not sure
- 99. Refused

NC Module 13: Smoking Cessation

CATI: If (C09Q02 ≥ 3) go to Next NC Module (Does not smoke)

These next questions are about quitting smoking.

1. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?
 - 1 Yes
 - 2 No
 - 7 Don't Know/Not Sure
 - 9 Refused
2. Did your doctor or health provider recommend medications and/or discuss methods and strategies other than medication (such as referrals to Quitline, counseling opportunities, or educational materials such as booklets or pamphlets) to assist you to quit smoking?
 - 1 Yes, medications
 - 2 Yes, methods other than medications
 - 3 Yes, both medications and methods other than medications
 - 4 No
 - 7 Don't Know/Not sure
 - 9 Refused

NC Module 14: Gambling

"The next few questions are about gambling. By gambling we mean any time a bet is made or games are played for money. This includes poker, casino gambling, scratch card games, or the lottery."

- 1a. In the past 12 months, have you gambled or played any games for money?

IF YES, say: "How many times per day, per week, per month, or per year did you gamble or play any games for money?"

— — — Enter value [if 0 is entered **Go to next module**]

888	No/Never gambled or played for money	[Go to next module]
777	Don't know/Not sure	[Go to next module]
999	Refused	[Go to next module]

1b. MARK PERIOD

- 1 DAY
- 2 WEEK
- 3 MONTH
- 4 YEAR

2. How much money do you usually wager on a day when you play for money?

— — — — :Dollars (for \$1 or less enter 0001)

6666	If more than \$5000
7777	Don't know/Not sure
8888	None
9999	Refused

3. Have you ever tried to cut down or control your gambling?

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

4. Have you ever lied to family members or friends about how much you gamble or how much money you have lost gambling?

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

5. Have there ever been periods for 2 weeks or more when you spent a lot of time thinking about gambling or planning future gambling?

- | | |
|---|-----------------------|
| 1 | Yes |
| 2 | No |
| 7 | Don't know / Not sure |
| 9 | Refused |

NC Module 15: Sexual Orientation

Now I'm going to ask you a question about your sexual orientation. I want to remind you that your answers are kept confidential and you don't have to answer any question if you don't want.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number or the text/word.

1. Do you consider yourself to be

Please Read

1. 1. Heterosexual or straight **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the opposite sex.**
2. 2. Homosexual, gay, or lesbian **IF NEEDED: A person who has sex with and/or is primarily attracted to people of the same sex.**
3. 3. Bisexual **IF NEEDED: A person who has sex with and/or is attracted to people of either sex.**
4. 4. Or something else?

Do not read

7. Don't know/Not sure
9. Refused

[IF NEEDED: Research has shown that some sexual minority community members have important health risk factors, such as smoking. We are collecting information about sexual orientation to learn whether this is true in North Carolina. You don't have to answer any question if you don't want.].

NC Module 16: Adverse Childhood Experience (asked on QstPath 11 or 21)

CATI: If (QSTPATH=12 or QSTPATH=22) Go to closing statement.

I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will give you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

1. Did you live with anyone who was depressed, mentally ill, or suicidal?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
2. Did you live with anyone who was a problem drinker or alcoholic?
 - 1 Yes
 - 2 No
 - 7 Don't know / Not sure
 - 9 Refused
3. Did you live with anyone who used illegal street drugs or who abused prescription medications?
 - 1 Yes

- 2 No
- 7 Don't know / Not sure
- 9 Refused

4. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

5. Were your parents separated or divorced?

- 1 Yes
- 2 No
- 8 Parents not married
- 7 Don't know / Not sure
- 9 Refused

6. How often did your parents or adults in your home ever slap, hit, kick, punch, or beat each other up?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

7. Before age 18, how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. Would you say---

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

8. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

9. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

10. How often did anyone at least 5 years older than you or an adult try to make you touch them sexually?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

11. How often did anyone at least 5 years older than you or an adult force you to have sex?

- 1 Never
- 2 Once
- 3 More than once

Do not read:

- 7 Don't know / Not sure
- 9 Refused

As I mentioned when we started this section, I would give you a phone number for an organization that can provide information and referral for these issues. You can dial the National Hotline for child abuse 1-800-422-4-A-CHILD (1-800-422-4453).

Closing Statement

Please read:

That was my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.